PTO/SB/06 (08-03)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application for Doctor Number 10/705794		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY		OR		R THAN ENTITY
FOR NUMBER FILED				ED	NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))										OR		s
TOT	NL CLAIMS FR 1.16(c))			us 20 =			ļ	x s=		OR	x \$=	
INDE	PENDENT CLAIR	AS					•	X \$ =		OR	x s =	
(37 CFR 1.16(b)) minus 3 * *					SD 1.15(5))		ĺ			OR	+5 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						l	+ 5=					
. 4 6	ne difference in c	olumn 1 is l	ess than ze	ro, enter	10" in column 2	TOTAL	L	OR	TOTAL	L		
CLAIMS AS AMENDED - PART II												
9-	6-05	(Calumn	1)		(Column 2) (Column 3)			SMALL E	NTITY	OR		R THAN ENTITY
Ę		CLAIN REMAIN AFTE AMENDA	IS ING R	PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEB		RATE	ADOI- TIONAL JFEE
ME	Total profit 1.16(d)	:35		nus **	52	•	1	x s=		OR	X \$=	
ENDMENT	Independent (37 CFR 1.19(1))	19	Mi	nus ***	25	-	1	x \$=		OR	,x s=	
AME		ATION OF "	III TIPI E DEI	PENDENT	CLAIM (37 CF	R 1,16(d))	1	+5 =		OR	+3 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							j	TOTAL		OR	TOTAL ADD'L FEE	
7/17/16								ADO'L FEE		1 ~~	AUULFEE	-
	7 17 00	(Column CLAIN REMAIN	IS ING		(Column 2) HIGHEST NUMBER REVIOUSLY	(Calumn 3) PRESENT EXTRA]	RATE	ADDI- TIONAL]	RATE	ADDI- TIONAL
ENDMENT		AFTE	ENT		PAID FOR		-		FEE	-		FEE
	Total (37 CFR 1.16(d)	:21		nus "	52	-	1	x s=		OR	x s*	\
JEN I	Independent (37 CFR 1.16(b))	. 9	Mi	nus *	<u>as</u>	<u> </u>	1	x \$=		OR	x s=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+s_=		OR	+3_=	
										OR	ADD'L FEE	Ц
		(Column			(Column 2)	(Column 3)	,			1		,
N		CLAIN REMAIN AFTE AMENDA	IING R		HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE
Ã	Total (37 CFR 1.16(c))	•		nus "		-	1	x s=		OR	x s=	
AMENDMENT	Independent (37 CFR 1,150s)	ļ ·	Mi	nus "		=	1	x s=		OR	x \$=	
AM		TATION OF M	LULTIPLE DE	PENDENT	CLAIM (37 CI	R 1,16(d))	1	+;		OR	+ 5 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							J	TOTAL ADOL FEE		OR	TOTAL ADOL FEE	
	• If the entry in (column t is l	less than th	e entry in	column 2, wii	le "0" in column	n 3.			, v	ADV C1 C5	
1 4	" If the "Highest	Number Pri	mánusty Pai	d For IN	I THIS SPACE	is less than 20	J, ei	%er 20 .		nta baria	auluma 4	

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"If the "Highest Number Previously Paid For" IN THIS SPACE is less train 3, enter 3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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